

G. Other Interventions*

Date: _____

– Process Evaluation – Jurisdiction Aggregate Form

[1] Jurisdiction ID: _____

[2] Number of other interventions
this form describes: _____

Complete a <i>separate</i> form for <i>each</i> type of “Additional Intervention”	
<p>[19] Mark the <i>one</i> category that best describes the additional intervention that was implemented.</p>	<ul style="list-style-type: none"> • Community Mobilization • Social Marketing Campaign • Community-wide Events • Policy Intervention • Structural Intervention • Additional Interventions (<i>please specify</i>) _____

[5] Provide statewide definitions or guidelines for this type of other intervention:

a) State definition of other interventions

b) Describe planning activities for other interventions

c) Describe evaluation activities for other interventions

[6] Number of agencies participating in other interventions by type of agency.

CBO - Minority Board	_____	State Health Department	_____	Academic Institution	_____	Individual	_____
CBO - Non-Minority Board	_____	Local Health Department	_____	Research Center	_____	Other Agency	_____
Faith Community	_____	Other Government	_____			(<i>please specify</i>)	_____

*Use these variables for all interventions not reflected by the other six intervention types (see *Instructions* and Example Forms A - F).

[20] Describe the major concrete accomplishments for this particular type of Other Intervention (e.g., enhanced accessibility to HIV prevention services, creation of consortiums, community or policy changes, etc.):

[7] Staffing and Expenditures

Number of full-time equivalent staff providing other interventions whose salary is funded by CDC:

Number of volunteers providing other interventions:

CDC Announcement 99004 HIV Prevention funds that were expended for carrying out all aspects of other interventions:

\$ _____